



City of Sedona
DEPARTMENT OF COMMUNITY DEVELOPMENT
Application for Variance

Date _____

Case # _____

Fee \$ _____

Applicant Information

Name _____

Mailing Address _____

Phone Number _____

I hereby certify that I am the legal owner or authorized agent for the owner of the property for which this variance is being requested.

Authorized signature _____ Date _____

Lot size _____ Legal description of property _____

Property Address _____ Parcel # _____ - _____ - _____

Statement of the precise nature of the variance requested _____

Statement of the practical difficulty or unnecessary physical hardship that would result from a strict or literal interpretation and enforcement of the specific zoning regulation _____

Legal description and statements may be attached if space does not permit. Please indicate by marking the appropriate box. ☐ more info attached ☐ no info attached